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1. TITLE OF REP	PORT (If	a fi	11-1	n repoi	rt incl	ude Fo	orm No	.)	· · · · · · · · · · · · · · · · · · ·		-	2. TYPE	x	STATIS	TICAL	
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3. FUNCTIONAL AREA			LOGISTICS			SECURITY X FINANCE			1	OTHER (specit	fy)				
4. NO. OF COPIES PREPARED			A				monthly, quarterly, etc.)			6. D	ISTRIBUTI	ON (No	of c	omponents not		
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7. FORMAT (memorandum, form computer print-out, etc)										9. DI	DIRECTIVE AUTHORITY REQUIRING REPORT					
							E ADP PROCESSING NO.									
Machine Listing NO Joh. 212, Prog: A-5-N 10. PREPARING COMPONENT (include lowest level																
contributing information to report) Form No., or nomenclature. Attach separate sheet if necessary.)																
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